School/SFA:	Date:
Dear	;
for the Food Stamp Program and the	automatically qualifies children for free school meals. The regulations TANF Program permit Food Stamp and DSS Offices to release eligithe National School Lunch and School Breakfast Programs to ensure meal benefits.
have indicated that the child for whom efits. On the enclosed listing, please i	meal applicants who have been selected for verification and who application was made now receives food stamp and/or TANF benindicate if these household members are currently participating in the This information will be used only to confirm the approved applicant's
your convenience. If you have any qu	opreciated. A self-addressed return envelope is also enclosed for uestions or need additional information, please contact one number
Sincerely,	
Signature	Date
Address	
Telephone Number	

Enclosure Verification Form—Food Stamp/TANF Recipients

VERIFICATION OF PARTICIPATION THE FOOD STAMP PROGRAM and/or TANF PROGRAM

(Verification of Free and Reduced Price Meal Applications)

County:		District:		
SFA/School:				
Adult Household Member (Last Name, First Name)	Child's Name (Last, First)	Food Stamp/TANF Case Number	No Match	Match